

FILED**MAY 21 2003**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINALARRY W. PROPES, CLERK
CHARLESTON, SCPAUL K. VALDEZ, #1091924,
Plaintiff,

v.

CAPTAIN CLIFF MCELGOOGUE; BERKELEY
COUNTY SHERIFF H. WAYNE DEWITT;
SARGENT TONY RILEY; DOCTOR MARCUS
SCHAEFER; and NURSE PAULA BRODIE,

Defendants.

CASE NO.: 8:03-1118-20BI

MEMORANDUM IN
SUPPORT OF
DEFENDANTS SCHAEFER
AND BRODIE'S
MOTION FOR SUMMARY
JUDGMENT

This is a §1983 civil rights case. According to the Complaint, the Plaintiff was a pre-trial detainee at the Berkeley County Detention Center. He alleges that on several occasions he requested psychological and medical attention, as well as prescriptive medication. He alleges that his civil rights were violated by various jail personnel who deprived him of the medication and by placing him in a lockdown which, in turn, resulted in two cell mates physically beating him. He alleges further that his right to due process was violated, and that the administration at the jail intentionally tried to block his access to the court and hinder his efforts to obtain information that would help prepare him to defend himself in court. He alleges that he is entitled to certain remedies, one of which is reimbursement for medical expenses for psychiatric care, as well as for prescribed medications.

The allegations of the Plaintiff are classic as to allegations of medical negligence or medical malpractice. The law is clear that allegations themselves do not support a §1983 action against the medical personnel, Dr. Schaefer and Nurse Brodie.

APPLICABLE LAW

In *Estelle v. Gamble*, 429 U.S. 97 (1976), the United States Supreme Court established that “deliberate indifference” to serious medical needs of prisoners constitutes the “unnecessary and wanton infliction of pain” proscribed by the Eighth Amendment. In *West v. Adkins*, 487 U.S. 42 (1988), the court held that physicians employed to provide medical services to state prison inmates (Dr. Schaefer was so employed) act under color of state law for purposes of §1983 when undertaking their duties and treating prisoners. Where, as here, plaintiff is a pre-trial detainee, and not a convicted prisoner, his claim is governed by the due process clause of the Fourteenth Amendment, rather than the Eighth Amendment’s prohibition against cruel and unusual punishment. *Martin v. Gentile*, 843 Fed. 2d 863, 870 (4th Cir. 1988). Mere negligence or malpractice is insufficient to establish a claim for deliberate indifference to a prisoner’s serious medical needs.

A complaint that a physician has been negligent in diagnosing or treating a medical condition does not state a valid claim of medical mistreatment under the Eighth Amendment. Medical malpractice does not become a constitutional violation merely because the victim is a prisoner. In order to state a cognizable claim, a prisoner must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs. *Estelle v. Gamble*, supra., 426 U.S. at 106.

In *Farmer v. Brennan*, 114 S. Ct. 1970 (1994), a non-medical case, the Supreme Court reiterated that deliberate indifference “entailed something more than mere negligence.” 114 S. Ct. at 1978.

The Fourth Circuit has also held that mere malpractice or negligence in diagnosis or treatment does not state a §1983 claim. In *Sosebee v. Murphy*, 797 Fed. 2d 179 (4th

Cir. 1986), the court held that an alleged negligent misdiagnosis of a pierced esophagus failed to state a claim for deliberate indifference against prison health officials. See also: *Miltier v. Beorn*, 896 Fed. 2d 848, 852 (4th Cir. 1990) (“Mere negligence or malpractice does not violate Eighth Amendment”); *Webster v. Jones*, 554 Fed. 2d 1285 (4th Cir. 1977) (“Failure to diagnose eye problems states no claim”); *Russell v. Sheffer*, 528 Fed. 2d 318, 319 (4th Cir. 1975) (“Questions of medical judgment are not subject to judicial review”). Also see: *Brown v. Harris*, 240 Fed. 3d 383 (4th Cir. 2001) (“Prison officials who act reasonably cannot be found liable under the Cruel and Unusual Punishments clause”).

ANALYSIS

To establish that a healthcare provider’s actions constitute deliberate indifference to a serious medical need, the treatment must be so grossly incompetent, inadequate, or excessive as to shock the conscious or to be intolerable to fundamental fairness. *Rogers v. Evans*, 792 Fed. 2d 1052, 1058 (11th Cir. 1986). Deliberate indifference may be demonstrated by either actual intent or reckless disregard. *Benson v. Cady*, 761 Fed. 2d 335, 339 (7th Cir. 1985). A defendant acts recklessly by disregarding a substantial risk of danger that is either known to the defendant, or would be apparent to a reasonable person in the defendant’s position. Nevertheless, mere negligence or malpractice does not violate the Eighth or Fourteenth Amendments.

Deliberate indifference in the face of pervasive risk of harm or deliberate indifference or callous indifference on the part of the medical provider to a specific known risk of harm states an Eighth Amendment claim. *Pressley v. Hutto*, 816 Fed. 2d 977 (4th Cir. 1987).

In this particular case, the medical record establishes that from a factual standpoint, Dr. Shaefer and Nurse Brodie did not exhibit deliberate indifference, nor are those words used in the context of Plaintiff's Complaint with regard to his medical care. As stated in Dr. Shaefer's Affidavit, and attested to by Nurse Brodie, as well as the medical records which are attached, Nurse Brodie saw the Plaintiff frequently and reported his complaints to Dr. Schaefer. Under the South Carolina Nurse Practice Act, Nurse Brodie was unable to make a diagnosis and, consequently, her responsibility was to report the complaint or complaints to Dr. Schaefer, which she did.

The record discloses visits by Dr. Schaefer to the Plaintiff, wherein he perform physical examinations; orders that the Plaintiff be placed in lockdown for the protection of the Plaintiff and the other inmates; and was evaluated for psychological symptoms on at least three different occasions. Plaintiff's psychiatric medical records were sought, received, and reviewed by Dr. Schaefer. Plaintiff's thyroid condition was evaluated. Plaintiff was continued on the medication in order to manage his symptoms, as in the past. No medical requests or complaints were received relating to potential problems with plaintiff's thyroid condition.

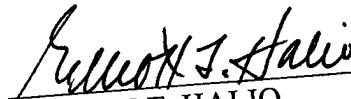
CONCLUSION

Under Rule 56, summary judgment shall be granted where there is no genuine issue of material fact and the moving party is entitled to judgement as a matter of law. Summary judgment is proper where the record, taken as a whole, could not lead a rational trier of fact to find for the non-moving party. *Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 248-249 (1986). The non-moving party must establish the existence of a genuine issue of material fact by presenting evidence on which a jury could reasonably find in his

favor. *Anderson*, supra. 477 U.S. at 248-249. In this instance, Plaintiff's own Complaint establishes that, at most, he might have a medical malpractice claim against Dr. Shaefer and Nurse Brodie in the State Court, but even that is doubtful. In light of the forgoing, Dr. Shaefer's affidavit and Nurse Brodie's affidavit, these Defendants request that this honorable court issue an order granting them summary judgment in their favor.

Respectfully submitted,

HALIO & HALIO
Attorneys for Defendants
Dr. Marcus Schaefer and
Nurse Paula Brodie



ELLIOTT T. HALIO

Fed. ID: 1670
13 N. Adgers Wharf / Box 747
Charleston, SC 29402-0747
(843) 577-5200

This ___ day of May 2003

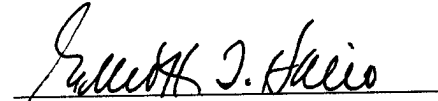
Charleston, South Carolina

HALIO & HALIO, CHARLESTON, SOUTH CAROLINA

CERTIFICATION

This is to certify that the undersigned did this date serve the Memorandum in Support of Defendants' Motion for Summary upon the parties below listed by mailing a copy of the same to their appropriate addresses, Mr. Paul K. Valdez, c/o P. Valdez, 103 Ruffin Road, Summerville, SC 29483 and Sandra J. Senn, Esquire, Post Office Box 12279, Charleston, SC 29422-, postage prepaid on this ___ day of May, 2003.

HALIO & HALIO
Attorneys for Defendants
Marcus Schaefer, M.D. and
Paula Brodie, RN

A handwritten signature in cursive script, appearing to read "Elliott T. Halio", is written over a horizontal line.

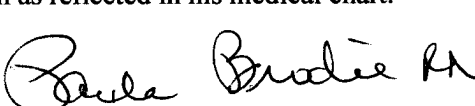
ELLIOTT T. HALIO
Fed. ID No. 1670
13 N. Adgers Wharf / Box 747
Charleston, SC 29402-0747
(843) 577-5200

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

PAUL K. VALDEZ, #1091924,)	CASE NO.: 8:03-1118-20BI
Plaintiff,)	
v.)	
)	
CAPTAIN CLIFF MCELGOGUE; BERKELEY)	
COUNTY SHERIFF H. WAYNE DEWITT;)	AFFIDAVIT OF
SARGENT TONY RILEY; DOCTOR MARCUS)	PAULA BRODIE, RN
SCHAEFER; and NURSE PAULA BRODIE,)	
)	
Defendants.)	

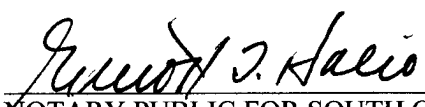
PERSONALLY, appeared before me, Paula Brodie, RN, who being first duly sworn,
states as follows:

1. That she is a licensed, registered nurse licensed by the State of South Carolina.
2. That she is employed by Marcus Schaefer, M.D. to provide medical services on a full-time basis at the Berkeley County Detention Center. In that capacity, affiant saw the Plaintiff, Paul K. Valdez, on several occasions as reflected in the medical chart, a copy of which is attached to the affidavit of Marcus Schaefer, M.D.
3. That in regard to Plaintiff's complaints, affiant visited with the Plaintiff and listened to his complaints. Being unable by law to make a diagnosis, she referred his complaints to Dr. Marcus Schaefer, the prison doctor, as set forth in Dr. Schaefer's affidavit.
4. That she did see and examine the Plaintiff, along with Dr. Schaefer, within seventy-two hours of his admission into the Berkeley County Detention Center.
5. That the medical chart will reflect that affiant's visits with the Plaintiff and the care provided to the Plaintiff were appropriate based upon the complaints of the patient and the examinations by Dr. Schaefer.
6. That the undersigned always listened to and was concerned with the wants and/or needs of the Plaintiff and attended to such as reflected in his medical chart.


PAULA BRODIE, RN

SWORN to before me

This 19th day of May 2003


NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires: 3/5/09

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

PAUL K. VALDEZ, #1091924,)	CASE NO.: 8:03-1118-20BI
Plaintiff,)	
)	
v.)	
)	
CAPTAIN CLIFF MCELGOOGUE; BERKELEY)	AFFIDAVIT OF
COUTY SHERIFF H. WAYNE DEWITT;)	MARCUS SCHAEFER, M.D.
SARGENT TONY RILEY; DOCTOR MARCUS)	
SCHAEFER; and NURSE PAULA BRODIE,)	
)	
Defendants.)	
)	

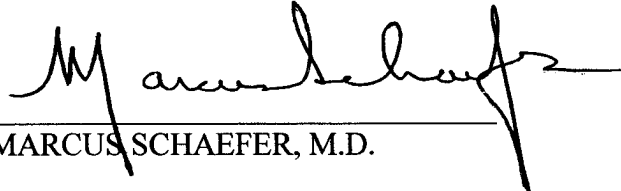
PERSONALLY appeared before me, Marcus Schaefer, M.D., who being duly sworn states as follows:

1. That he is a licensed medical doctor, licensed by the State of South Carolina and in practice in Berkeley County, South Carolina,
2. That he has a contract with Berkeley County to provide medical services to the inmates of the Berkeley County Detention Center.
3. That he was the prison doctor for the Berkeley County Detention Center at the time Paul Valdez was admitted into the said facility.
4. That the date of entry by Paul Valdez into the facility was September 19, 2001. That he was incarcerated for attempting to acquire medication utilizing a prescription made out to his mother and was also being investigated for the offense of murder of his mother, for which he was charged on October 16, 2001.
5. That South Carolina law requires that an inmate be medically examined within fourteen days of admission into the facility. It is the custom and practice of affiant to see the inmate as soon as possible. In this instance, Mr. Valdez was examined by affiant and Nurse Paula Brodie within seventy-two hours of his admission to the facility.
6. That at the time of examination, the Plaintiff complained of depression, panic disorder, anxiety disorder, post traumatic stress disorder (PTSD), agoraphobia and borderline personality disorder. He also related a history of hyperthyroid toxicosis, radioactive iodine treatment, and maintenance with synthroid. The other medications he was taking included klonopin and imipramine. Plaintiff had a history of using cocaine, narcotics, codeine, marijuana and beer.

7. That his physical examination was unremarkable and, on that day, he denied any medical problems. Synthroid maintenance was ordered. Medical records were sought from Plaintiff's last two psychological therapists.
8. After receiving medical records from various sources, obtaining his prior medical history and his current history, and affiant's medical evaluation, it was affiant's medical decision that Plaintiff was best treated with imipramine, 50 mgs in the morning and 100 mgs in the afternoon, for depression and sleep management. Klonopin is a benzodiazepine and is a rare cause of psychosis, including hallucinations and/or delusions. Plaintiff was not observed having these symptoms. Any withdrawal symptoms from klonopin would last a matter of days, sometimes weeks, but not months. Any withdrawal symptoms as complained of by Plaintiff, if real, could have been from cigarettes or any of many street drugs.
9. While Plaintiff was a resident of A-pod, his complaints of an altercation were brought to affiant's attention. Affiant went to A-pod where he performed an evaluation of the Plaintiff and found him to be alert, oriented, psychologically stable and having an unremarkable neurological evaluation. Affiant could find no evidence of recent physical trauma. Plaintiff's chest was clear; his heart was at regular rate without murmur; his abdomen demonstrated no tenderness, guarding or rebound. Affiant is not aware of a history of two fractured ribs and Plaintiff did not demonstrate the same.
10. Plaintiff was never denied psychiatric care. He was evaluated for psychological symptoms at least three times by this physician. His psychiatric medical records were received and reviewed by affiant. Plaintiff's thyroid condition was evaluated. His medical records regarding his thyroid condition were reviewed and evaluated. Plaintiff was continued on the medication which has succeeded in managing his symptoms in the past. No medical requests or complaints were received relating to potential problems with Plaintiff's thyroid condition.
11. On November 14, 2001 Mr. Valdez was evaluated because of psychological complaints, including hallucinations and psychosis. The evaluation was unremarkable in that his alertness and orientation, and psychological symptoms such as depression, suicidal or homicidal ideations, looseness of association, hallucinations and/or delusions were absent. Therefore, it was affiant's decision that referral for psychological evaluation was not indicated.
12. Plaintiff was confined to A-pod, high security cellblock with limited privileges for different reasons at different times. A portion of the time he was assigned to A-pod was directly related to medical issues. For example, Plaintiff was found to be buying other inmates medications by utilizing the pastries and other desirable items from the canteen. Buying medications is a very dangerous medical situation for all involved. Plaintiff purchasing medications from other inmates

presents a potential life-threatening or serious medical problem for the Plaintiff and everyone involved. By selling their medications, inmates may have withdrawal symptoms and serious psychiatric reactions and symptoms. Plaintiff, by taking other people's medications, may have life threatening side effects or interactions with his other medications. Therefore, a portion of Mr. Valdez' time in A-pod was to prevent him from buying and taking other inmates' medications.

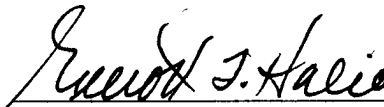
13. There is no evidence, nor do I believe that Paula Brodie, RN or myself have changed or modified medical care for Plaintiff due to contempt, discrimination or because of his alleged crime. Affiant is aware that Nurse Brodie was frustrated, as was affiant, that there were so many problems with medication and the resulting extra work to evaluate and correct the situation that was caused by Plaintiff obtaining and taking other inmates' medications.
14. That it is affiant's belief that Plaintiff, Mr. Valdez, is being provided adequate psychiatric and other medical treatment consistent with his overall health condition. There is no evidence that he has been denied or withheld any psychiatric or medical care as evidenced by his medical chart attached hereto as Exhibit 1 and incorporated into this affidavit by reference.



 MARCUS SCHAEFER, M.D.

SWORN to before me

This 19th day of May 2003



 NOTARY PUBLIC FOR SOUTH CAROLINA
 My Commission Expires: 3/5/09

WAYNE DeWITT
SHERIFF



L. R. HEROD
CHIEF DEPUTY

FAX

DATE: 052002

TO: Dr Terra

FROM: Paula

BERKELEY COUNTY DETENTION CENTER Clinic
300 CALIFORNIA AVE.
MONCK'S CORNER, SC 29461
TELEPHONE NUMBER (843) 719-4551 or 723-3800 extension 4551
FAX NUMBER (843) 719-4552

THIS IS PAGE 1 OF 24 PAGE(S). IF THE TRANSMISSION IS INCOMPLETE, PLEASE CALL (843) 719-4551 FOR RE-TRANSMISSION.

MESSAGE: See attached - all records
X records I rec'd from MUSC Endocrin
and Dr Esteyou Columbia, Taylor street
which I cannot transfer to you -
Good Luck - RB RN ☺

THANK YOU!

Records from IM Detention Center folder
can be obtained by calling 843-719-4742

Berkeley County Sheriff's Department
300 California Avenue • Moncks Corner, South Carolina 29461
Moncks Corner: (843) 761-6900 • St. Stephen: (843) 567-3136 • Charleston: (843) 723-3800

FAX TRANSMISSION

William S. Hall Psychiatric Institute
Forensic Services

1800 Colonial Drive
Post Office Box 202
Columbia, South Carolina 29202

Fax: (803) 898-1357

ATTN TO: Paula
To: Nursing Staff From: Camille Jiggs, PhD
Organization: Berkeley County Detention Phone: (803) 898-1392
Center Date: 5/17/02
Fax: (843) 719-4552 Subject: records request
Phone: (843) 719-4546 Pages: 2, including this cover sheet.

Comments: Paula - Thanks for your assistance. For now, we just need
medical/psychiatric records & if request notes. If entire
record is needed at a later point, shall phone you to make
that request. Thanks again!

This facsimile transmission is intended only for the addressee named above. It contains information that is privileged, confidential, or otherwise protected from use and disclosure. If you are not the intended recipient, you are hereby notified that any review, disclosure, copying or dissemination of this transmission, or the taking of any action in reliance on its contents, or other use, is strictly prohibited. If you have received this transmission in error, please notify us by phone immediately so that we can arrange for its return to us.

Thank you for your cooperation.

AUTHORIZATION TO REQUEST/RELEASE INFORMATION

Patient's Name: Paul Kenneth ValdezMedical Record No.: 891-7655Patient's Address: Berkley County Dtn. Ctr.SS No.: 250-29-7068Patient's DOB: 2/15/67The purpose of the release is to: obtain info re: dx, tx, functioning

I hereby authorize

- | | |
|--|---|
| <input type="checkbox"/> G. Werber Bryan Psychiatric Hospital (803) 935-7862 | <input type="checkbox"/> William S. Hall Psychiatric Institute (803) 734-7041 |
| <input type="checkbox"/> Byrnes Medical Center (803) 734-6980 | <input type="checkbox"/> Harris Psychiatric Hospital (803) 231-2611 |
| <input type="checkbox"/> R.M. Campbell Veterans Nursing Home (803) 261-6734 | <input type="checkbox"/> Morris Village (803) 935-7745 |
| <input type="checkbox"/> Crafts-Farrow State Hospital (803) 935-7728 | <input type="checkbox"/> South Carolina State Hospital (803) 734-6571 |
| <input type="checkbox"/> _____ Community Mental Health Center | <input type="checkbox"/> C.M. Tucker/Dowdy Gardner Nursing Care Center (803) 737-5287 |

to release the following information from the medical records of the above-named to:

Name: Dr. Camilla TjppAddress: USAF Foreign Service
PO Box 262 Columbia, SC 29202Telephone No.: (803) 898-1392Relation to Patient: evaluating consultant
court-ordered evaluation

PORTION OF THE MEDICAL RECORD TO BE RELEASED:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Diagnoses | <input type="checkbox"/> Clinical History & Evaluation |
| <input type="checkbox"/> Admission and Discharge Dates | <input type="checkbox"/> Individualized Treatment Plan Progress Summaries |
| <input checked="" type="checkbox"/> Discharge Summary (Summary of Treatment) | <input type="checkbox"/> Physician's Medication Orders |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Other (Please list) <u>all psychiatric/medical</u> |
| <input checked="" type="checkbox"/> Psychiatric History and Mental Status Examination | <u>records; complete record (daily</u> |
| <input type="checkbox"/> Consultants Notes | <u>log, etc.) if needed</u> |

Date(s) of Treatment: from Sept 2001

You may withdraw this consent at any time by written notification to the facility, provided action has not been taken in reliance upon this authorization. Without written notice to withdraw this consent, it expires at the earlier of the listed expiration date or upon the release of the information.

I AM AWARE THAT WHEN MY MEDICAL RECORDS REFLECT INFORMATION CONCERNING PSYCHOLOGICAL OR PSYCHIATRIC IMPAIRMENTS, DRUG ABUSE, AND/OR ALCOHOLISM, AND/OR INFORMATION REGARDING HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND OTHER INFECTIOUS DISEASES, THAT THIS INFORMATION WILL BE RELEASED AS PART OF MY MEDICAL RECORD.

5/7/02
DATE

Paul K Valdez
PATIENT'S SIGNATURE

STATE REASON PATIENT UNABLE TO SIGN: _____

DATE

AUTHORIZED PERSON/RELATIONSHIP

EXPIRATION DATE

WITNESS

NOTE: The execution of this form does not authorize the release of information other than that specifically described. The information requested on this form is protected by State or Federal laws and will authorize release of the information specified. All items must be completed. If the information is not complete, we may not be able to comply with your request.

BERKELEY COUNTY DETENTION CENTER
REQUEST TO STAFF MEMBER

DATE: 2-5-02 TO: Sgt. Sanders

CELL#: B-1 NAME: Paul Valdez

WORK ASSIGNMENT: _____ BUNK #: _____

REQUEST (STATE COMPLETELY, GIVING FULL DETAILS. USING BACK OF PAGE IF NECESSARY)

Dear Mrs Sanders, per our conversation
yesterday, Just a friendly reminder
to please address my problem with
my request to revert back to General
Population Meats With the Kitcher
manager and Nurse Paula. Thank-you
Very much! Gratefully

DISPOSITION BY STAFF MEMBER:

Paul Valdez

DATE: _____ SIGNATURE: _____

BERKELEY COUNTY DETENTION CENTER
REQUEST TO STAFF MEMBERDATE: 2-4-02 TO: Nurse PaulaCELL#: B1 NAME: Paul Valdez

WORK ASSIGNMENT: _____ BUNK #: _____

REQUEST (STATE COMPLETELY, GIVING FULL DETAILS. USING BACK OF PAGE IF NECESSARY)

Dear Nurse Paula, Will you Please give your approval to the Kitchen manager for me to Revert back to General Population meals. I cant tolerate the vegie patties and apparently they need your approval to make the change. THANK YOU for your help! Gratefully

DISPOSITION BY STAFF MEMBER:

Paul Valdez

020402-Diet changed per Sgt Riley
RBRW

DATE: _____ SIGNATURE: _____

BERKELEY COUNTY DETENTION CENTER MEDICAL EVALUATION SHEET

NAME: Paul Valdez CELL: B1 DATE: 01/18/02

NATURE OF COMPLAINT: Vegetarian Diet Only

CHRONIC MEDICAL CONDITION: Shanks

MEDICATION TAKEN (IF ANY) & DOSAGE: RB
KN

ALLERGENS: _____

REFERRAL (MEDICAL/DENTAL/MENTAL): _____ DATE: _____

FOLLOW UP & DATE: _____

BERKELEY COUNTY DETENTION CENTER MEDICAL EVALUATION SHEETNAME: PAUL VALDEZ CELL: B-1 DATE: 1-17-02NATURE OF COMPLAINT: PAIN IN PENISCHRONIC MEDICAL CONDITION: Leaking puss like fluid012202 - I/M states he did not put inMEDICATION TAKEN (IF ANY) & DOSAGE: SICK slip - denies any
C/O RDB

ALLERGIES: _____

REFERRAL (MEDICAL/DENTAL/MENTAL): _____ DATE: _____

FOLLOW UP & DATE: _____

DOCTOR: _____ DATE: _____

Inmates Sex: _____ Age: _____ Weight: _____ Height: _____ SS#: _____

BERKELEY COUNTY DETENTION CENTER
REQUEST TO STAFF MEMBER

DATE: 1-17-02 TO: MR Robinson

CELL#: B-1 NAME: Paul Valdez

WORK ASSIGNMENT: _____ BUNK #: _____

REQUEST (STATE COMPLETELY, GIVING FULL DETAILS. USING BACK OF PAGE IF NECESSARY)

Because of my adoption of certain
religious principles, I will
require vegetarian meals.

(I can no longer
eat meat.)

Thank you

Gratefully

Paul Valdez

DISPOSITION BY STAFF MEMBER:

DATE: _____ SIGNATURE: _____

ATTN: A.D. with authority to
transfer assignment to avoid further
conflict between inmates.

BERKELEY COUNTY DETENTION CENTER
 REQUEST TO STAFF MEMBER

DATE: 11-18-01 TO: Sgt Riley

CELL#: B-7 NAME: Paul Valdez

WORK ASSIGNMENT: _____ BUNK #: _____

REQUEST (STATE COMPLETELY, GIVING FULL DETAILS, USING BACK OF PAGE IF NECESSARY)

Dear Sir: You told me I had my problem
 to a C.O. know if I have any trouble with
 anyone. I instantly, My cellmate, Jeffrey
 Colony seems to have become discontented with
 me and keeps telling me to go to my bunk.
 I am not doing anything, but he is
 making me feel uncomfortable. I don't have proof, but I

DISPOSITION BY STAFF MEMBER:

DATE: _____ SIGNATURE: _____

DETENTION CENTER CONSULTATION & REFERRAL TO MENTAL HEALTH CENTER

Inmate's Name: Paul Valdez DOB: 021567 SSN: 250-29-7068
 Home Address: _____ Phone: _____
 Date of Incarceration: 091901 Charges: Financial Transaction Card Theft, Murder
 Expected Date of Release: Unknown Marital Status: S M W (Div) Sep. Last Grade Completed: _____
 Number in Household: _____ Next of Kin: _____
 Relationship: _____ Telephone Number: _____
 Address: _____

Reason for Consultation/Referral (state specific concerns):

- ☐ Suicidal - no Plan: Yes No Intent: Yes No Attempt: Yes No
☐ Homicidal no Plan: Yes No Intent: Yes No Attempt: Yes No
 Name of Person Targeted: _____
☐ Psychotic Type of Hallucinations: ☒ Auditory hears "derogatory things about myself" ☐ Visual ☐ Tactile ☐ Olfactory ☒ Paranoid believes people
☐ Psychotropic Medication Reaction Medication: in Describe Reaction: _____
☐ Other: _____

Problem Checklist:

- Depression/Irritability ☒ Sleep Energy ☒ Appetite ☐ Concentration ☐ Talking to self
Excessive crying spells ☐ Continuous pacing ☐ Seeing things that are not there plays
 Acting strange (describe): talks about
spades

Psychiatric History:

Psychiatric Diagnosis (list): _____
 Recent Treatment: Where Brian - depression When see medical record
 Past Treatment: P suicide
 Hospitalizations: see medical record
 Alcohol Use: ☒ Yes ☐ No Date Last Used: 2 hrs 2x month - 8-15-01
 Drug Use: ☐ Yes ☐ No Date Last Used: Cocaine x 2
 History of Withdrawals: ☐ Yes ☒ No Drug of Abuse M.J.
 History of Alcohol DT's: ☐ Yes ☒ No Benzadiaz - x 3 year / Klorazep

Current Physical Complaint/Problems: ☐ Yes ☐ No

Specify: ☐ Heart problems (type) ☐ Diabetes ☐ Head Injury ☐ High Blood Pressure ☐ Stroke
☐ Thyroid Disease ☐ Ulcers ☐ Pain ☐ Other (specify): _____

Current Medications: imipramine 50 mg

Assessment Priority:

☐ Routine ☐ Urgent (next regular visit) ☐ Emergent (within 24 hours)

Inmate consents to mental health assessment: ☐ Yes ☐ No

Related to stress.

Panic - scared
of people here
afraid - well
loosing -

Mental Health Use Only:

Assess By: _____ Date Seen: _____ Received By: _____
☐ Routine ☐ Urgent ☐ Emergent
 Initiated By: _____ Detention Center _____ BCMHC _____ Family _____

Imipramine

**BERKELEY COUNTY DETENTION CENTER
REQUEST TO STAFF MEMBER**

DATE: 10-9-01 TO: MEDICAL STAFF

CELL#: B-7 NAME: Paul Valdez

WORK ASSIGNMENT: _____ BUNK #: _____

REQUEST (STATE COMPLETELY, GIVING FULL DETAILS. USING BACK OF PAGE IF NECESSARY)

I have been experiencing Migraine headaches for a Day and a half. I have had trouble with them in the past. I normally had to my TRIAMIS to take as needed or an 800mg long acting capsule. I didn't usually feel them while I was on the long acting but I did feel them when I was on the TRIAMIS. I have nausea, diarrhea and blurred vision. I should be on some anti-nausea med. I am over Ben-spac if you want allow my Klonopin as these headaches are stress related and debilitating. Please keep this request in my medical file here if you continue to refuse treatment. I want there to be a record of my request for treatment.

DATE: _____ SIGNATURE: _____

0001-2

has been brought to my attention to several items that have been stolen out of my cell were actually stolen by him and traded for items he needed or stolen by his friends to convince me to ask to be moved. He also threatened to harm my family knowing I would decline to ask him only to have to ask. I realize I must be able to resolve my own problems but this time my options will be more relaxed because of his Slim Path that starts his lifetime for me. I promise that I have to try to resolve my problems but I will not compromise, so I am that I am asking for your intervention. There is a Bank open in the I am all my friends with all current occupants. There are also 2 people leaving, one this week and another one next. I am still in good mental health and I promise I will continue to try to resolve all problems with peaceful resolution being the goal.

Please consider my request and let me know as soon as possible as time is really passing.

Thank you very much.

Paul Wilson

@ foot 6' 0" Cave f- face V, h eat, Crab like posture
 on her bed w/ head near foot board, feet near center
 rope w/ knot around neck w/ knot @ D neck, ceiling for
 @ feet on bed, rope tied to head board post,
 * Pt = R handed

Valdez

Meds →

R. meds inc: Levothyroxine (Synthroid)
 Albuterol Inhaler,

Paul
 250-29-7068
 DOB - 2/15/67
 Chatter -

Paul: hyp
 DOB - 2/15/67

Parathyroid
 thyroid
 R + all additional
 cocaine + Pot

Risperidone = anti
 depressant

Dextroamphetamine
 upon CNS (stimulant)

Imipramine HCL
 anti-depressant
 C/F, HTN, Graves' dz.
 Klonopin

Synthroid
 Albuterol
 "water pill" - blue

Dr. Fred Carr - M.D.
 Dr. Estefano - Col. Pa
 Dr. P. Campbell. etc

Paul Valdez

BERKELEY COUNTY DETENTION CENTER CLINIC

300 California Avenue
Moncks Corner, SC 29461

Phone: 843.719.4551

Fax: 843.719.4552

PPD QUESTIONNAIRE

NAME: Paul Valdez SOC. SEC #: 250 29 7068
 EMPLOYER/POD: BCDC DATE OF BIRTH: 02/567
 POSITION/CELL: A4 TODAY'S DATE: 09/27/01

Have you ever had a skin test for tuberculosis before? Yes ☒ No ☐If yes, when was the last test? exact date ~ 05/01
 What was the result? Positive ☐ Negative ☒ Don't remember ☐

If Positive: Date: _____

Location: _____

Treatment: _____

Comments: _____

Have you ever received an immunization for tuberculosis? Yes ☐ No ☒If yes, what year? _____ Don't remember ☐ What Country? _____Have you ever had an adverse reaction to a skin test for tuberculosis? Yes ☐ No ☒

If yes, explain: _____

Have you ever been exposed to anyone with tuberculosis? Yes ☐ No ☒

If yes, explain: _____

Do you have leukemia, lymphoma, or any other form of cancer? Yes ☐ No ☒

If yes, explain: _____

Has your doctor ever told you that you have a disease of your immune system? Yes ☐ No ☒Do you currently take any medications? Yes ☒ No ☐

If yes, list: _____

Do you currently have a fever or any signs of an active infection? Yes ☐ No ☒
 (night sweats, weight loss, cough, etc.)

If yes, explain: _____

Are you a health care worker? Yes ☐ No ☒

The above information is true to the best of my knowledge. If past positive, signature below authorizes release of informational records pertaining to positive PPD and any flu records (CXR and TX).

Paul Valdez
 (Signature)

1st Date of PPD 09/27/01Mfr: ConnaughtLot #: C0649A1 Exp DateLocation of PPD: X Left forearm ☐ Right forearm ☐Date read: 09/30/01Results (in mm): 0mmRead By: R. Brodie RN2nd Date of PPD _____

Mfr: _____

Lot #: _____ Exp Date

Location of PPD: _____ Left forearm ☐ Right forearm ☐

Date read: _____

Results (in mm): _____

Read By: _____

Referred to: _____

Date: _____

Allergy: Trilator, Haldol

PHYSICAL ASSESSMENT

NAME Paul Valdez SOCIAL SECURITY # 250-29-7068
 ATE OF BIRTH 021567 SEX Male RACE White

PLEASE READ THE FOLLOWING CAREFULLY. ANSWER THE QUESTIONS CORRECTLY AND TRUTHFULLY.

HAVE YOU EVER HAD OR DO YOU HAVE NOW THE FOLLOWING: (EXPLAIN ALL YES ANSWERS IN THE SPACE PROVIDED BELOW)

Condition	yes	no	Condition	yes	no
1. Angina/Heart Attack	—	✓	13. Restricted activity	✓	—
2. Asthma/Lung Disease	—	✓	14. Weakness or Paralysis	✓	—
3. Convulsions/seizures	✓	—	15. Persistent numbness or tingling	—	✓
4. Diabetes	—	✓	16. Frequent/Severe headaches	—	✓
5. Tuberculosis/Bronchitis	—	✓	17. Dizziness/Fainting	✓	—
6. Positive TB Skin Test	—	✓	18. Temper/violence problems	—	—
7. Allergies of any kind	✓	—	19. Serious Illness, injury, Surgery	✓	—
8. High Blood Pressure	—	✓	20. Tobacco/Drug/Alcohol	✓	—
9. Jaundice/Hepatitis	—	✓			
10. Kidney/urinary Problems	—	✓			
11. Admission to hospital	✓	—			
12. Mental/emotional problems (depression, anxiety, etc.)	✓	—			

Explain wears glasses for near sighted per I/M

3. Yes - last 30 days ago - ? witnessed by B/M

11. Depression - Palmetto Baptist Hospital Columbia - May 24, June 1997 - hyperthyroid toxicosis (12) Panic Anxiety DO, PTSD, Agoraphobia, borderline personality DO (13) Can't sleep, walk very far or fast

Have you turned in a medical slip since admission? YES — NO ✓

Have you been taking any meds previously that you are not presently taking but believe you should be? YES ✓ NO — Synthroid, Klonopin

Are you now on any drug/medication? (prescription/non-prescription; exclude birth control pills)? YES ✓ NO — Imipramine TID

Explain —

The answers to this health assessment questionnaire are true to the best of my knowledge and belief.

Applicant's Signature Paul Valdez Date 092501

14. Yes (17) Yes (19) Graves Dz dx 1997 - Radioactive Iodine tx 1997 (20) cigarettes 1pp 4 days x 8 yrs cocaine, narcotics, codeine, MJ, Beer - 6 pk @ wk

TO BE COMPLETED BY EXAMINER

1. Height: 74 InchesWeight: 255 Lbs.2. BP 110/68 Pulse 84 Resp 18
Temp 97.6 oral

3. EARS:

4. VISION: Corrected: YES (NO)Right Eye 20/50Left Eye 20/50Both Eyes 20/50

Check each item in appropriate column:

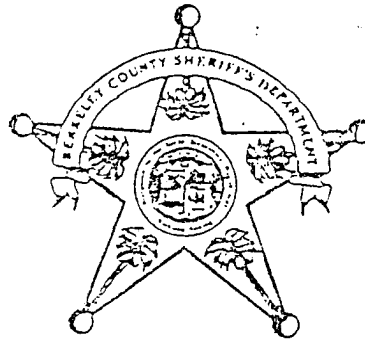
	Normal	Abnormal		Normal	Abnormal
5. Head, Face, and Scalp	<u>/</u>	<u>/</u>	13. Skin	<u>/</u>	<u>/</u>
6. Ears	<u>/</u>	<u>/</u>	14. Coordination/equilibrium	<u>/</u>	<u>/</u>
7. Eyes	<u>/</u>	<u>/</u>	15. Psychiatric	<u>/</u>	<u>/</u>
8. Mouth and Throat	<u>/</u>	<u>/</u>			
9. Neck	<u>/</u>	<u>/</u>			
10. Chest and Lungs	<u>/</u>	<u>/</u>			
11. Heart	<u>/</u>	<u>/</u>			
12. Abdomen	<u>/</u>	<u>/</u>			

Note: Describe every abnormality in detail with item number before each statement.Anything bothering you today about your health? (-)Any history of seizures, asthma or diabetes? (+) asthmaHave you ever been hospitalized overnight for any illness? graves diseaseAny possibility that you could be pregnant? (-)Falls spinal fluid 200mg

EXAMINER: Marcus Schaefer, MD, MPH
 Berkeley County Detention Center
 300 California Avenue
 Moncks Corner, SC 29461
 843-719-4551

M. Schaefer
 9-26-01

WARREN DeWITT
SHERIFF



L. R. HEROD
CHIEF DEPUTY

Date: 092401

REF: Consent to Release Medical Information

To Whom It May Concern:

I, Paul Valdez am requesting that a copy of my medical records be sent to Dr. Marcus Schaefer at the Berkeley County Detention Center in Moncks Corner, South Carolina.

Date of Birth: 021567

Social Security Number: 250-29-7068 (Dr. Buse)

Office / Clinic / Hospital Treated: Dr. Buist (MUSC) endocrine, Dr. Estefano (Taylor St. Columbia) psych

From 010100 To Present

Information to be used for to provide medical care/treatment while incarcerated

Information / Records requested: last visit note, recent labwork, current medications with diagnoses, prognosis

Berkeley County Detention Center

Attn: Dr. Schaefer

300 California Ave.

Moncks Corner, SC 29461

Fax # (843) 719-4552 Phone # (843) 719-4551, or (843) 723-3800 ext. 4551

Thank you in advance,

Dr. Marcus Schaefer

Medical Supervisor

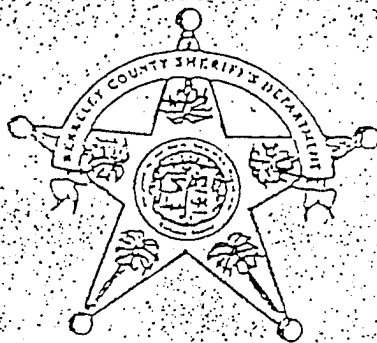
Berkeley County Detention Center

Paul Valdez
Signature of Inmate

9/28/01
Date

Paul J. Brudie RA 092401
Witness Date

EDD WITT
SHERIFF



L. R. HEROD
CHIEF DEPUTY

BERKELEY COUNTY DETENTION CENTER
CAPTAIN CLIFFORD McELVOGUE
ADMINISTRATOR

FAX: (843) 719-4552

CLINIC PHONE: (843) 723-3800 (ext 4551) or
(843) 719-4551

FAX COVER SHEET

DATE:

092401

TO:

Dr. Esteyano (sp?) Medical Records

FROM:

Paula

BERKELEY COUNTY DETENTION CENTER

Attention: Rosa

1-803-
779-7500

TOTAL PAGES INCLUDING THIS COVER SHEET:

2

MESSAGE:

See attached - Thanks.

JB

Ⓢ

WAYNE DeWITT
SHERIFFMEN 837825
(X)L. R. HEROD
CHIEF DEPUTYDate: 092401

REF: Consent to Release Medical Information

To Whom It May Concern:

I, Paul Valdez am requesting that a copy of my medical records be sent to Dr. Marcus Schaefer at the Berkeley County Detention Center in Moncks Corner, South Carolina.Date of Birth: 021567Social Security Number: 250-29-7068 (Dr Buist)Office / Clinic / Hospital Treated: Dr Buist (MUSC) endocrine, Dr Estegano (Taylor St. Columbia) psych
From 010100 To PresentInformation to be used for: to provide medical care/treatment while incarceratedInformation / Records requested: last visit note, recent labwork, current medications with diagnoses, prognosis

Berkeley County Detention Center

Attn: Dr. Schaefer

300 California Ave.

Moncks Corner, SC 29461

Fax # (843) 719-4552 Phone # (843) 719-4551, or (843) 723-3800 ext. 4551

Thank you in advance,

Dr. Marcus Schaefer

Medical Supervisor

Berkeley County Detention Center

Paul Valdez
Signature of Inmate9/25/01
DatePaul J. Brodie RA 092401
Witness Date

COPY-MED, INC.

ADM	<u>10/10/97 + 2/27/98</u>
FS	LAH
DS	OP
H&P	PATH
DR.O.	N.N.
PROG.N.	EKG
CONS	OPD <u>Alvin</u>
XRAY	ER
DATE <u>9/25/01</u>	BY <u>SW</u>

VALDEZ, PAUL K.Rx#: 6623980
Date: 09/23/2001If you have any questions, please feel free to
contact at (843) 553-3185
or Dr. ESTEFANO at () -IF YOU HAVE CONCERNS ABOUT TAKING THE
MEDICATION BELOW. PLEASE CONTACT YOUR
PHARMACIST OR PHYSICIAN IMMEDIATELY.**WAL★MART® PHARMACY**

(843) 553-3185

ESTEFANO, ALFONSO SALE MD

803-779-7500

Directions: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY**IMIPRAM HCL 50MG TAB GENE**

IMIPRAMINE (im-IP-ra-meen)

COMMON USES: This medicine is a tricyclic antidepressant used to treat depression. It may also be used
to treat other conditions as determined by your doctor.**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. **STORE**
THIS MEDICINE at room temperature, away from heat and light. **CONTINUE TO TAKE THIS MEDICINE** even if you
feel better. Do not miss any doses. **IF YOU MISS A DOSE OF THIS MEDICINE**, take it as soon as possible. If
it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. If
Do not take 2 doses at once. If you take 1 dose daily at bedtime, do not take missed dose the next
morning.**CAUTIONS:** AFTER YOU START USING THIS MEDICINE, several weeks may pass before you feel the full benefit.
DO NOT STOP TAKING THIS MEDICINE without checking with your doctor. **KEEP ALL DOCTOR AND LABORATORY**
APPOINTMENTS while you are using this medicine. **BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS,**
EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. **DO NOT DRIVE,**
OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this
medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to
drive or to perform other potentially dangerous tasks. **LIMIT YOUR ALCOHOL CONSUMPTION** while you are
taking this medicine. This medicine will add to the effects of alcohol and other depressants. Ask your
pharmacist if you have questions about which medicines are depressants. **ALCOHOL, HOT WEATHER, EXERCISE,**
AND FEVER can increase dizziness. To prevent dizziness or fainting, sit up or stand slowly, especially in
the morning. Also, sit or lie down at the first sign of dizziness or weakness. **THIS MEDICINE MAY CAUSE**
increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know
how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a
prolonged period. **DO NOT BECOME OVERHEATED** in hot weather or during exercise or other activities since
heatstroke may occur. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter,
check with your doctor or pharmacist. **FOR WOMEN: THIS MEDICINE HAS BEEN SHOWN TO CAUSE HARM** to the human
fetus. **IF YOU PLAN ON BECOMING PREGNANT**, discuss with your doctor the benefits and risks of using this
medicine during pregnancy. **THIS MEDICINE IS EXCRETED IN BREAST MILK. DO NOT BREAST-FEED** while taking this
medicine.**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while taking this medicine include dry mouth,
drowsiness, dizziness, headache, nausea, weakness, diarrhea, excess sweating, heartburn, unpleasant
taste, weight gain, or an increased appetite especially for sweets. If they continue or are bothersome,
check with your doctor. **CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE** if you experience constipation;
blurred vision or other vision changes; eye pain; fast, slow, or irregular heartbeat; hair loss;
shakiness; fainting; nervousness or restlessness; twitching of the face or tongue; mood swings; loss of
balance; uncontrolled movements of arms and legs or stiffness; difficulty speaking and swallowing;
unusual bleeding or bruising; sore throat or fever; skin rash and itching; swelling of hands, face, lips,
eyes, throat, or tongue; irritability; ringing in the ears; seizures; yellowing of the skin or eyes;
hallucinations; or chest pain. If you notice other effects not listed above, contact your doctor, nurse,
or pharmacist.

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Continued...

WAL★MART®
PHARMACY(843) 553-3185 10-2928
603 ST. JAMES AVENUE
GOOSE CREEK, SC 29445**RECEIPT**VALDEZ, PAUL K.
400 MADELINE DRIVE
GOOSE CREEK SC 29445
572-1073
RX: 6623980 TX: 1049191 DAW: 0
IMIPRAM HCL 50MG TAB GENE \$2.00
NDC: 00781-1766-01 QTY: 90 DS: 30
ESTEFANO, ALFONSO SALE MD
NABP: 4223195
Ref #: 000000000000
Retail Price \$28.97

Page No: 1

WAL★MART®
PHARMACY(843) 553-3185 10-2928
603 ST. JAMES AVENUE
GOOSE CREEK, SC 29445**RECEIPT**VALDEZ, PAUL K.
400 MADELINE DRIVE
GOOSE CREEK SC 29445
(843) 572-1073
RX: 6623980 TX: 1049191 DAW: 0
IMIPRAM HCL 50MG TAB GENE \$2.00
NDC: 00781-1766-01 QTY: 90 DS: 30
ESTEFANO, ALFONSO SALE MD
NABP: 4223195

VALDEZ, PAUL K.

Rx#: 6623980
Date: 09/23/2001

If you have any questions, please feel free to
contact at (843) 553-3185
or Dr. ESTEFANO at () -

IF YOU HAVE CONCERNS ABOUT TAKING THE
MEDICATION BELOW. PLEASE CONTACT YOUR
PHARMACIST OR PHYSICIAN IMMEDIATELY.

WAL★MART® PHARMACY

(843) 553-3185

ESTEFANO, ALFONSO SALE MD
Phone () -

Directions: TAKE ONE TABLET BY MOUTH THREE TIMES A DAY

Drug: IMIPRAM HCL 50MG TAB GENE

BEFORE USING THIS MEDICINE: Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking astemizole, cisapride, terfenadine. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking carbamazepine, cimetidine, dicumarol, clonidine, fluoxetine, fluvoxamine, guanadrel, guanethidine, guanfacine, a macrolide antibiotic, mibefradil, paroxetine, tramadol, monoamine oxidase inhibitor (MAOI), or a phenothiazine. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. USE OF THIS MEDICINE IS NOT RECOMMENDED if you have a history of heart conditions. Contact your doctor or pharmacist if you have any

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WAL★MART®
PHARMACY

RECEIPT

WAL★MART®
PHARMACY

RECEIPT

False 84
b1 (V) 11/8/84

9-20-01
Rec'd 092401
RDBH

Dear Doctor or Nurse:

My Name is Paul Valdez.
I am in B pod cell 14. I have
been diagnosed with multiple mental
Illness and have been receiving treatment
until I got put here in Jail. My
mental illness medicine is here
but I have not reviewed it in
3 days. I am becoming very ill
and disoriented confused. I also have
hyper thyroid disorder and need to
take Synthroid 200mg on a empty
stomach every day. I don't have
any but need it very bad.
Without it I suffer many physical
and mental symptoms. Most
severe is depression and become
suicidal. I have had Nausea and
chronic diarrhea for 3 days please
let me see the doctor I can
give him the Names of my
Endocrinologist/psychiatrist and →

General practitioner. I Also
had A Magnet Resonance Imaging
and was diagnosed with an
abnormality of my lumbar
spine. I am suffering from
severe back pain and fatigue.
I need a different mattress
and a antiinflammatory pain
killer such as 800mg of Advil
twice a day. Please let me
see a doctor I have cramps
constantly and need anti diarrhoea
medicine. Please let me talk
to someone I am scared and
panicking. I have been in trouble
before but This is the first
time I have been in Jail.
Please help me. I Feel I cant
get in touch with anyone to
listen or help me. I know
you are all very busy but After my
condition is stabilize I will Not
Bother you anymore. Thank-you
for your help Paul Valde ^{BP} Cell 14

10/52 84
 11/8/84
 68 (V)

9-2000
 Rec'd 092401
 JTB/KW

Dear Doctor or Nurse

My Name is Paul Ward

I am in B pod cell 14. I have been diagnosed with multiple mental illness and have been in hospital until I got put in a long mental illness medication here but I have no medication 30 days I am becoming dizzy and have a heart rate of 100 hypotensive 90/60 mm Hg. I take Synthroid 20mg on a empty stomach every day. I don't have any but need it for my thyroid. Without it I have weakness and mental symptoms. Most severe is depression and become suicidal. I have had Nurse and chronic diarrhea. 3 days ago let me see the clinic can give me medication for my Endocrinologist/psychiatrist and →

BERKELEY COUNTY DETENTION CENTER

B23
Financial Transaction
Card Theft
Obtaining controlled
substances by
fraud/debit

RECEIVING SCREENING FORM

Name: Pavi K. VaidyaDOB 2-15-67 RACE W SEX M

Date of Arrest 9-19-01
Time of Arrest 1631
Officer C. B. C. A. N.

Looking Officers Visual Opinion

Is the Inmate conscious?

1-Yes ☒ No

Does the Inmate have obvious pain or bleeding or other symptoms suggesting need for emergency service?

2-Yes ☒ No

Are there visible signs of trauma or illness requiring immediate emergency or doctor's care?

3-Yes ☒ No

A. If any injuries, how were they received according to Inmate?

3B-Yes No

B. Were injuries treated prior to admission?

Where? _____

Is there OBVIOUS fever, swollen lymph nodes, jaundice or other evidence of infection which might spread through the jail?

4-Yes ☒ No

Is the skin in good condition and free of vermin?

5-Yes ☒ No

Does the Inmate appear to be under the influence of alcohol?

6-Yes ☒ No

Does the Inmate appear to be under the influence of barbiturates, heroin or other drugs?

7-Yes ☒ No

Are there any visible signs of alcohol/drug withdrawal symptoms?

8-Yes ☒ No

A. Type of alcohol or drug used? _____ Amount? _____

8B-Yes ☒ No

Frequency? _____ Last used? _____

9-Yes ☒ No

B. Does Inmate have history of withdrawal?

10-Yes ☒ No

Does the Inmates behavior suggest the risk of suicide?

11-Yes ☒ No

Does the Inmate behavior suggest the risk of assault to staff or other inmates?

Is Inmate carrying medication or does the Inmate report being on medication which should be continuously administered or available?

12-Yes ☒ No

Are you presently taking medication for diabetes, heart disease, seizures, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?

13-Yes ☒ No

Do you have a special diet prescribed by a physician?

14-Yes ☒ No

Do you have a history of venereal disease or abnormal discharge?

Have you recently been hospitalized or recently seen a medical or psychiatric doctor for any illness? depression15-Yes ☒ No16-Yes ☒ NoDo you have any known allergies? Trilligon, Haldol16A-Yes ☒ No

A. Are you allergic to any medication?

17-Yes ☒ No

Have you fainted recently or had a head injury?

18-Yes ☒ No

Do you have EPILEPSY?

19-Yes ☒ No

Do you have a history of TUBERCULOSIS?

20-Yes ☒ No

Do you have DIABETES?

21-Yes ☒ No

Do you have HEPATITIS?

22-Yes ☒ No

If female, are you PREGNANT?

23-Yes ☒ No

If female, are you currently on Birth Control Pills?

24-Yes ☒ No

If female, have you recently delivered?

25-Yes ☒ No

Do you have any other medical condition?

26-Yes ☒ No

Berkeley County Detention Center
Inmate Chronological

Name: Valdez Paul Race: W Sex: M DOB: 02/15/67 SSN: 25012917068

Date/Time	Incident
09-19-01/1929	Booked by Penn - Subject states he has congestive heart failure, Hypo glycemie, Graves disease. He is currently taking an anti-depressant Clonapin, Atenol.

Subject gave us a telephone # of 572-1073. Subject states his meds were picked up by agents investigating circumstances of Mother's death.
Cpl Penn

Paul Valdez

102201	Per C.O. I/M refusing lunch, I/M is shaking hands when Noon meds administered. ? I/M if anything wrong, No reply RBRN
--------	---

102301	? By I/M P.D. Debbie Littlejohn if I/M doing OK, replied to I/M atty that I was unaware he had P.D. d/t note from I/M rec'd 092401 States his atty brought meds WE. I/M to A Pod door to Atty and CO Thomas, I/M states food/drinks is laced with in them and he is being drugged by staff. several paranoid delusions. Cont
--------	--

12/1/20

5-3-03

Treat ment
Recommendations
W

FAX TRANSMISSION

William S. Hall Psychiatric Institute
Forensic Services

1800 Colonial Drive
Post Office Box 202
Columbia, South Carolina 29202

Fax: (803) 898-1357

ATTN TO: Paula
To: Nursing staff
From: Camille Jiggs, PhD
Organization: Berkeley County Detention Center
Phone: (803) 898-1392
Date: 5/17/02
Fax: (843) 719-4552
Subject: records request
Phone: (843) 719-4546
Pages: 2, including this cover sheet.

Comments: Paula - Thanks for your assistance. For now, we just need medical/psychiatric records & if request notes. If entire record is needed at a later point, shall phone you to make that request. Thanks again!

This facsimile transmission is intended only for the addressee named above. It contains information that is privileged, confidential, or otherwise protected from use and disclosure. If you are not the intended recipient, you are hereby notified that any review, disclosure, copying or dissemination of this transmission, or the taking of any action in reliance on its contents, or other use, is strictly prohibited. If you have received this transmission in error, please notify us by phone immediately so that we can arrange for its return to us.

Thank you for your cooperation.

AUTHORIZATION TO REQUEST/RELEASE INFORMATION

Patient's Name: Paul Kenneth Valdez Medical Record No.: 891-7655
 Patient's Address: Berkley County Det. Ctr. SS No.: 250-29-7068
 Patient's DOB: 2/15/67

The purpose of the release is to: obtain info re: dx to functioning

I hereby authorize

- | | |
|--|---|
| <input type="checkbox"/> G. Werber Bryan Psychiatric Hospital (803) 935-7862 | <input type="checkbox"/> William S. Hall Psychiatric Institute (803) 734-7041 |
| <input type="checkbox"/> Byrnes Medical Center (803) 734-6980 | <input type="checkbox"/> Harris Psychiatric Hospital (803) 231-2511 |
| <input type="checkbox"/> R.M. Campbell Veterans Nursing Home (803) 261-6734 | <input type="checkbox"/> Morris Village (803) 935-7745 |
| <input type="checkbox"/> Crafts-Farrow State Hospital (803) 935-7728 | <input type="checkbox"/> South Carolina State Hospital (803) 734-6571 |
| <input type="checkbox"/> _____ Community Mental Health Center | <input type="checkbox"/> C.M. Tucker/Dowdy Gardner Nursing Care Center (803) 737-5287 |

to release the following information from the medical records of the above-named to:

Name: Dr. Camille Tepp
 Address: WISHPT Forensic Services
PO Box 2602 Columbia, SC 29202
 Telephone No.: (803) 898-1392

Relation to Patient: evaluating consultant
court-ordered evaluation

PORTION OF THE MEDICAL RECORD TO BE RELEASED:

- ☒ Diagnoses
☐ Admission and Discharge Dates
☒ Discharge Summary (Summary of Treatment)
☐ History & Physical
☒ Psychiatric History and Mental Status Examination
☐ Consultants Notes

- ☐ Clinical History & Evaluation
☐ Individualized Treatment Plan Progress Summaries
☐ Physician's Medication Orders
☐ Other (Please list) all psychiatric/medical
records; complete record (daily
14, etc.) if needed

Date(s) of Treatment from Sept 2001

You may withdraw this consent at any time by written notification to the facility, provided action has not been taken in reliance upon this authorization. Without written notice to withdraw this consent, it expires at the earlier of the listed expiration date or upon the release of the information.

I AM AWARE THAT WHEN MY MEDICAL RECORDS REFLECT INFORMATION CONCERNING PSYCHOLOGICAL OR PSYCHIATRIC IMPAIRMENTS, DRUG ABUSE, AND/OR ALCOHOLISM, AND/OR INFORMATION REGARDING HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND OTHER INFECTIOUS DISEASES, THAT THIS INFORMATION WILL BE RELEASED AS PART OF MY MEDICAL RECORD.

5/7/02
 DATE

Paul K Valdez
 PATIENT'S SIGNATURE

STATE REASON PATIENT UNABLE TO SIGN: _____

DATE

AUTHORIZED PERSON/RELATIONSHIP

EXPIRATION DATE

WITNESS

Camille Tepp, PhD

NOTE: The execution of this form does not authorize the release of information other than that specifically described. The information requested on this form is protected by State or Federal laws and will authorize release of the information specified. All items must be completed. If the information is not complete, we may not be able to comply with your request.



South Carolina
Department of
Mental Health

William S. Hall Psychiatric Institute
1600 Colonial Drive
P. O. Box 202
Columbia, S.C. 29202

James H. Scully, Jr., M. D.
Director, Division of Education,
Training, and Research
(803) 434-4206

Dalmer P. Sercy
Facility Director
(803) 898-1725

April 24, 2002

Debra K. Littlejohn
Attorney At Law
P. O. Box 1346
Moncks Corner, SC 29461

RE: Valdez, Paul Kenneth
DOB: 02/15/67

Dear Attorney Littlejohn:

The following test was scheduled for the above-named client: - Psychological Testing - May 1, 2002 @ 9:30 a.m. - Located at William S. Hall Psychiatric Institute in the Cooper Building. This testing could possibly last all day. Please prepare your client with breakfast and lunch. You may need to arrange transportation for your client to be brought to above referenced appointment on the listed dates and times. You may find it necessary to obtain a transport order signed by a judge directing the detention center, jail, or sheriff's department to bring the patient to the appointment as we do not provide transportation. The officers must stay with your client until the appointments have been completed.

Thank you for your cooperation and should you have any questions or concerns, please contact me at 803-898-1385 or fax me at 898-1357.

Sincerely,

Sharon T. Samuels

C: Blair D. Jennings, Deputy, Solicitor
Berkely County Sheriff Dept./Berkely County Detention Center

MENTAL HEALTH COMMISSION:
Elizabeth L. Forrester, Chair, Georgetown
Brenda H. Council, Orangeburg

Priscilla L. Tanner, Johnsonville
Douglas F. Gay, Rock Hill
Harman G. Green, M.D., Central

Lisa H. Stevens, Greenville
James E. Whitford, Jr., M.D., Vice Chair, Goose Creek

V. RELIEF

2/27/03

State briefly and exactly what you want the court to do for you.

Dear Nurse Paula,

I owe you an apology. I am sorry I addressed you in a profane manner. I behaved badly and will never disrespect you again.

I will never be involved in any questionable activities with mine or anyone else's medication. I hope you can see I am sincere and will please forgive me for offending you.

Captain McElvogue says he will discuss with you the possibility of returning me to B-pod. I have been in A-pod more than 5 months and assure you I have more than learned my lesson.

I humbly ASK you to Accept my Apology And assurance I will not get in any more trouble And give your consent so Captain McElvogue can return me to B-Pod.

THANK-you for
Your Consideration

I declare under penalty of perjury that the foregoing is true and correct.

Paul Vadeley

Signed this _____ day of _____, 20____.

Signature of Plaintiff

11/22/02 ... I, Paul Kenneth Valdez, do hereby
give permission to Paula Brodre, the nurse
at the BCC, to provide all my detention center
medical records to Dr. Bernard Dupree
[I understand this will be a copy.]

Paul Valdez

NAME

11-22-02

DATE

Sgt. R. Key

Berkeley County Detention Center

Incident / Discipline Report

10-9-2

C.O. Reporting: Cpl. Nunley Date: 10/03/02 Time: 1045
 Incident Type: Trading Medication Shift Supervisor: Sgt. Mitchum
 Staff on Duty: Cpl. Nunley / Pfc. Collins / Pfc. Thompson
Pvt. Ketchum / Pvt. Glessner / Pvt. Jett
 Inmates Involved: Paul Valdez / Audie Brabham / James Ryan
 Medical Attention Required? YES / ☒ NO Time EMS Notified: N/A Time EMS Arrived: N/A

(If any medical attention is required, explain in "Description of Incident" section.)

Description of Incident & Action Taken: On the above time and date, I Cpl. Nunley talked to Inmate Bean who stated that Inmate Paul Valdez was Buying medication from I/M Audie Brabham and I/M James Ryan with canteen. Inmate James Ryan was interviewed by myself and Nurse Paula. At this time he stated "that he wasn't trading his medicine for canteen". No one had mentioned canteen. Mr. Edmonds and myself interviewed this inmate and he denied everything. Next Inmate Audie Brabham talked to myself and the nurse at this time I/M Brabham stated he was not giving I/M Valdez his medicine at this time we had not told him why we wanted to see him. I/M Brabham was interviewed by Mr. Edmonds and myself at this time he gave us a written statement to prove the same (See Attached). Next Inmate Paul Valdez was interviewed by myself and Mr. Edmonds at this time he denied any of the above statements. All three Inmates were dressed out and placed in A-Pod I/M Ryan was taken off his med Per Dr. Sher

Notified: Admin. Sgt. YES NO Lt.: YES NO Capt.: YES NO Logged: YES NO

Reporting CO /S/ Cpl. Nunley Date: 10/03/02
 Shift Supervisor /S/ Sgt. A. Mitchum Date: 10/03/02
 Admin. Sgt. /S/ 1st Sgt. T. Riley Date: 10/03/02
 Deputy Director /S/ _____ Date: ____/____/____
 Director /S/ _____ Date: ____/____/____

VOLUNTARY STATEMENT
(NOT UNDER ARREST)

Paul Valdez, am not under arrest for, nor am I being detained for any
crim offenses concerning the events I am about to make known to Cpl. Ninkley.
Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the
following information of my own free will, for whatever purposes it may serve.
I am 35 years of age, and I live at 300 California Ave.

I purchased A J Brabham And Ryans medication
with canteen items for APPROX a week. I apologize
And will not engage in Any more such Activity Again.

I have read each page of this statement consisting of 1 page(s), each page of which bears my signature, and
corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct.

at Berkeley County Detention Center, this 7 day of October, 2002

WITNESS: Cpl. Ninkley

Paul Valdez
Signature of person giving voluntary statement

VOLUNTARY STATEMENT
(NOT UNDER ARREST)

Brabham, Ardie, am not under arrest for, nor am I being detained for any
criminal offenses concerning the events I am about to make known to Mr. Edmonds and Cpl Nunley.
Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the
following information of my own free will, for whatever purposes it may serve.
I am 57 years of age, and I live at MCBC

I WAS SWAPPING MEDICINE WITH PAUL VALDEZ
FOR FOOD OVER THE LAST 10 DAYS.

I have read each page of this statement consisting of _____ page(s), each page of which bears my signature, and
corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct.

Dated at BCDC, this 10-3 day of OCTOBER 2002.

WITNESS: Jim Edmonds

WITNESS: Cpl Nunley

[Signature]
Signature of person giving voluntary statement

**VOLUNTARY STATEMENT
(NOT UNDER ARREST)**

Raymond A. Pendygraft, am not under arrest for, nor am I being detained for any criminal offenses concerning the events I am about to make known to Cpl. Nunnley. Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the following information of my own free will, for whatever purposes it may serve.
I am 43 years of age, and I live at B-13 300-CA1, AVE Moncks Corner, SC.

Being a roommate of Paul Valdez, I have seen him purchase medication from several different inmates over the weeks of rooming together.

During the last few days or so, my concern has increased due to his loud and disturbing ~~set~~ sleep habits.

I also know he has been taking Klonopin, he said that is what he was taking before the death of his mother.

In my opinion Paul Valdez has a severe drug problem and should be addressed.

I have read each page of this statement consisting of _____ page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct.

Executed at B-13 BCDC, this 3rd day of OCT 192002

WITNESS: Cpl. Nunnley

Raymond A. Pendygraft
Signature of person giving voluntary statement

WITNESS: _____

**VOLUNTARY STATEMENT
(NOT UNDER ARREST)**

Charles A. Bean, am not under arrest for, nor am I being detained for any criminal offenses concerning the events I am about to make known to Cpl Nunnley. Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the following information of my own free will, for whatever purposes it may serve.

I am 56 years of age, and I live at BCDC Rm B13 Moncks Corner, SC. I have seen Paul Waldey receive and take medication other than his own. He receives them from AJ Brabham and a man called Ryan. I also know the pill from Ryan is a Klonopin which is what Paul said he used to take and was having withdrawal from when he killed his mother. The last 3 or 4 days Tony and I have not been able to sleep because of Paul's loud and disturbing sleep habits. It makes you wonder if he is going to flip and try to strangle you. I strongly hope that if he returns from A PD he is not placed back in B-13.

I have read each page of this statement consisting of 1 page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct.

Dated at BCDC, this 3rd day of Oct 2002.

WITNESS: Cpl. Nunnley

Charles A. Bean
Signature of person giving voluntary statement

WITNESS: _____

Berkeley County Detention Center

Incident / Discipline Report

C.O. Reporting: Ricafrente Douglas Date: 10 / 1 / 02 Time: 0400
 Incident Type: Medication Shift Supervisor: Sgt Day
 Staff on Duty: CPI Arnett PFC Blakely Pvt Ricafrente
Pvt Brown Pvt Habersham
 Inmates Involved: Paul Valdez
 Medical Attention Required? YES ☒ NO ☐ Time EMS Notified: Time EMS Arrived:
 (If any medical attention is required, explain in "Description of Incident" section.)

Description of Incident & Action Taken: During Medication call I handed Valdez
his medication and it fell on the floor. I searched the floor
on my hands and knees and found the pill on the floor under
the toilet. I handed Valdez the pill and he threw it in the
toilet. This happened at 0400 and it was a Green Pill.

Notified: Admin. Sgt. YES ☒ NO ☐ Lt.: YES ☒ NO ☐ Capt.: YES ☒ NO ☐ Logged: YES ☒ NO ☐
 Reporting CO /S/ Ricafrente, Douglas Date: 10 / 1 / 02
 Shift Supervisor /S/ Sgt Day Date: 10 / 1 / 02
 Admin. Sgt. /S/ Date: / /
 Deputy Director /S/ Date: / /
 Director /S/ Date: / /